Health Care Provider Fact Sheet

Disease Name Biotinidase Deficiency

Alternate name(s) MULTIPLE CARBOXYLASE DEFICIENCY, LATE-ONSET

MULTIPLE CARBOXYLASE DEFICIENCY, JUVENILE-ONSET

BTD DEFICIENCY

Acronym BIOT

Disease Classification Metabolic Disorder

Symptom onset Prior to 12 months of age

Symptoms In the untreated state, profound biotinidase deficiency during infancy is

usually characterized by neurological and cutaneous findings that include seizures, hypotonia, and rash, often accompanied by hyperventilation, laryngeal stridor, and apnea. Older children may also have alopecia, ataxia, developmental delay, neurosensory hearing loss, optic atrophy, and recurrent infections. Individuals with partial biotinidase deficiency may have hypotonia, skin rash, and hair loss, particularly during times of stress. All symptomatic children improve when treated with 5 to 10 mg of

oral biotin per day.

Natural history without treatment Prolonged symptoms prior to institution of biotin therapy may leave the

patient with varying degrees of neurological sequelae, including mental retardation, seizures, and coma. Death may result from untreated

profound biotinidase deficiency.

Natural history with treatment If treated promptly, biotinidase deficiency may be asymptomatic.

Treatment Biotin supplement daily

Emergency medical treatment See sheet from American College of Medical Genetics (attached) or for more

information, go to website:

http://www.acmg.net/StaticContent/ACT/Biotinidase.pdf

Inheritance Autosomal recessive

General population incidence 1:60,000 estimated with either profound or partial deficiency

OMIM Link http://www.ncbi.nlm.nih.gov/entrez/dispomim.cgi?id=253260

Genetests Link www.geneclinics.org

Support Group Biotinidase Family Support Group

http://biotinidasedeficiency.20m.com/

Children Living with Inherited Metabolic Diseases

http://www.climb.org.uk/

4-26-2010 Update

